

DECLARATION**INVENTORSHIP IDENTIFICATION**

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

WEATHER GUARD**TITLE OF INVENTION****SPECIFICATION IDENTIFICATION**

the specification of which:

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____, as ☐ Serial No. _____
☐ and was amended on _ (if applicable).
- (c) ☐ was described and claimed in PCT International Application No. _ filed on _____
☐ and was amended on _____. (if applicable).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)
(Prior Foreign/Pct Application(S) Filed Within 12 Months
(6 Months For Design) Prior To This Application)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate(s) or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) having a filing date before that of the application(s) of which priority is claimed.

| Application Number | Country or PCT | Date Of Filing (Day, M nth, Year) | Priority not Claimed | Certified Copy Attached? |
|--------------------|----------------|--------------------------------------|--------------------------|---|
| | | | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| Provisional Application Number | Filing Date |
|--------------------------------|-------------|
| | |

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

(All Foreign Application(S), *If Any*, Filed More Than 12 Months
(6 Months For Design) Prior To This U.S. Application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

| U.S Parent Application No. | PCT Parent Application No. | Date Of Filing (Day, Month, Year) | Parent Patent No. (<i>If applicable</i>) |
|-------------------------------|-------------------------------|--------------------------------------|---|
| | | | |
| | | | |

DECLARATION

I hereby declare that my presentation of this paper constitutes a certification under 37 C.F.R § 10.18, which provides, in part, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application and any patent issuing therefrom

SIGNATURE(S)

Carrie Johnson
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature Carrie Johnson
Date Dec. 31, 2003 Country of Citizenship USA
Residence Longwood, FL 32750
Mailing Address: 345 Maine Avenue, Longwood, FL 32750

Charles Sawyer II
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature _____
Date _____ Country of Citizenship USA
Residence Orlando, FL 32837
Mailing Address: 2348 Tumeric Avenue, Orlando, FL 32837

☐ **Signature** by administrator(trix), or legal representative for deceased or incapacitated inventor.

Number of pages added _____.

☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.

☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47) Number of pages added _____.

☐ Authorization of attorney(s) to accept and follow instructions from representative.

☒ This declaration ends with this page.

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(Prior Foreign/Pct Application(S) Filed Within 12 Months
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| Application Number | Country or PCT | Date Of Filing (Day, M nth, Year) | Priority not Claimed | Certified Copy Attached? |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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SIGNATURE(S)

(GIVEN NAME) (MIDDLE INITIAL OR NAME) Johnson

FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship USA

Residence Longwood, FL 32750

Mailing Address: 345 Maine Avenue, Longwood, FL 32750

(GIVEN NAME) (MIDDLE INITIAL OR NAME) Sawyer II

FAMILY (OR LAST NAME)

Inventor's signature Charles Sawyer II

Date DEC 20, 2003 Country of Citizenship USA

Residence Orlando, FL 32837

Mailing Address: 2348 Tumeric Avenue, Orlando, FL 32837

☐ **Signature** by administrator(trix), or legal representative for deceased or incapacitated inventor.

Number of pages added _____.

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